## CALIFORNIA EMERGENCY MANAGEMENT AGENCY (Cal EMA)

#### PROGRAM: Elder Abuse Advocacy and Outreach

| I. GRANT AWARD NUMBER:I                                    | EA09100290 DATE OF SITE V         | VIST: <u>09/20/2010</u> |
|--|-----------------------------------|-------------------------|
| 2. GRANT PERIOD:10/01/2009                                 | 0 – 09/30/2010                    |                         |
| B. RECIPIENT/IMPLEMENTING  Nevada County Probation Departm |                                   |                         |
| PROJECT DIRECTOR:  Douglas A. Carver                       |                                   |                         |
| PERSONS INTERVIEWED DURI                                   | ING SITE VISIT:                   |                         |
| NAME   | TITLE                             | AGENCY                  |
| Rod Gillespie  | Sr. DPO, Project Coord.           | Probation Dept., VW     |
| Douglas A. Carver  | Chief Probation Officer           | Probation Dept., VW     |
| Darlene Woo  | Admin. Services Officer           | Probation Dept., VW     |
| Susan George   | Victim Advocate -EA Grant         | Probation Dept., VW     |
| Julie Choquette  | Victim Advocate -EA Grant         | Probation Dept., VW     |
|  | ,                                 |                         |
| Signature of Program Specialist                            | 1/02/10 Date Signature of Section | Chief Date              |

|  | I – ADMINISTRATIVE and PROGRAMMATIC REVIEW                           | _          |           |                 |
|--|--|------------|-----------|-----------------|
| 1. OPER                                | ATIONAL DOCUMENTS  | <u>YES</u> | <u>NO</u> | N/A             |
| Review h                               | ard copy/verify the ability to access on line:                       |            |           |                 |
|  | Cal EMA Recipient Handbook (R.H.)                                    | 7          |           |                 |
|  | Approved Grant Award Agreement                                       | H          | H         | H               |
|  | RFA/RFP (supersedes the requirement of the R.H.)                     | H          | H         | H               |
|  | Program Guidelines (supersedes the requirement of the R.H.)          |            | H         | H               |
| • Is the                               | e project familiar with Office of Management and Budget,             |            | H         | H               |
| OMI                                    | 3 Circulars which govern your organization? Circulars may be         | Ľ          |           |                 |
| foun                                   | d at www.whitehouse.gov/omb/circulars.                               |            |           |                 |
|  |  |            |           |                 |
| Comments:                              |  |            |           |                 |
|  |  |            |           |                 |
|  |  |            |           |                 |
| 10000000000000000000000000000000000000 |  |            |           |                 |
| 2. FIDE                                | TY BOND CERTIFICATE - COMMUNITY BASED ORGANI                         | ZATION     | S (CBC    | <u>&amp; (C</u> |
| AME                                    | UCAN INDIAN ORGANIZATIONS ONLY                                       |            |           | _               |
| <ul> <li>Obtai</li> </ul>              | n copy of required Fidelity Bond Certificate? [R.H. Section          |            |           | <b>V</b>        |
|  | Does <u>not</u> apply to state, city, or county units of government. |            |           |                 |
|  | the certificate show:  |            |           |                 |
|  | Bonding company's name   |            |           |                 |
| 0                                      | Bond number  | Ħ          | H         | H               |
| 0                                      | Description of coverage  | Ħ          | Ħ         | H               |
| 0                                      | Amount of coverage (50% of allocation)                               | H          | Ħ         | H               |
| 0                                      | Bond period  | Ħ          | Ħ         | H               |
| 0                                      | Grant award number   | П          | П         | П               |
| 0                                      | Form A, Employee Dishonesty  | П          | Ħ         | Ħ               |
|  | Form B, Forgery Coverage   | Ħ          | П         | Ħ               |
| 0                                      | Is the State of California, California Emergency                     | Ħ          | $\Box$    | Ħ               |
|  | Management Agency named on the bond as the beneficiary?              |            |           |                 |
| Comments:                              |  |            |           |                 |
|  |  |            |           |                 |
|  |  |            |           |                 |
| B. ENVII                               | COMMENTAL IMPACT CEGA COMPLIANCE (P. 17. C.                          | 2153       |           |                 |
| . ENVI                                 | RONMENTAL IMPACT – CEQA COMPLIANCE (R.H. Section                     | 1 2133)    |           |                 |
|  | the project have its CEQA documentation on file?(Ask to view)        | <b>V</b>   |           |                 |
| • Does                                 | Certified Exempt   | <b>7</b>   | П         | П               |
|  | Cordina Exempt   |            |           |                 |
| 0                                      |  | ✓          |           |                 |
| 0                                      | Recipient has adopted or certified an environmental                  | <b>✓</b>   |           |                 |
| 0                                      |  | <b>✓</b>   |           |                 |

| SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (C   | Continued   | )    |     |
|---|-------------|------|-----|
| 4. PROOF OF AUTHORITY (R.H. Section 1350)   | YES         | NO   | N/A |
| <ul> <li>Does the project have a written authorization/resolution on file as<br/>required by the Grant Award Agreement? (Ask for copy)</li> </ul>   | 1           |      |     |
| Comments:   |             |      |     |
| 5. ORGANIZATIONAL CHART   |             |      |     |
| <ul> <li>Review the organizational chart. Are all budgeted positions identified?</li> </ul>   | <b>V</b>    |      |     |
| Comments:   |             |      |     |
| 6. Cal EMA MODIFICATION (Cal EMA 2-223)   |             |      |     |
| <ul> <li>Review the purpose/preparation of Grant Award Modification Request (Cal EMA 2-223). [R. H. Section 7500] (Instruct project staff on the procedure to obtain the most recent forms from Cal EMA's website.)         <ul> <li>A modification is needed for the following:</li> <li>Budget changes</li> <li>Change in key personnel</li> <li>Adding/changing additional signers</li> <li>Change goals/objectives, or activities</li> <li>Address change</li> <li>Other</li> </ul> </li> </ul> | <b>✓</b>    |      |     |
|   |             |      |     |
| 7. PERSONNEL POLICIES   |             | 1970 |     |
| <ul> <li>Does the project staff have access to written personnel policies as<br/>required? [R. H. Section 2130]</li> </ul>  | 1           |      |     |
| <ul> <li>Do the personnel policies include:         <ul> <li>Work hours</li> <li>Compensation rates including overtime and benefits</li> <li>Vacation, sick, and other leave allowances</li> <li>Hiring and promotional policies</li> </ul> </li> </ul>   | \<br>\<br>\ |      |     |

| SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Con   | tinued   | )         |        |
|---|----------|-----------|--------|
| <ul> <li>Do the personnel files include:         <ul> <li>Staff note: Complete a sample review of a personnel file</li> <li>Job application</li> <li>Resume</li> <li>Performance evaluations</li> <li>Salary rates</li> <li>Benefits</li> <li>Current job duties/descriptions</li> <li>Other terms of employment</li> </ul> </li> <li>Does the project have a current Drug Free Workplace policy statement on file signed by the employee? [R. H. Section 2152]</li> <li>Did the Board approve the agency's existing personnel policy?</li> </ul> |          |           |        |
| Comments:  Some benefit information is kept in Human Resources. If the job duties are not in the perseparate binder.  | sonnel f | ile they  | are in |
| <ul> <li>8. FUNCTIONAL TIMESHEETS</li> <li>Does the project use functional timesheets for each grant funded position less than 1 FTE? OR Time Study Allocation plan updated within the last 2 years? [R. H. Section 11331]</li> <li>Are timesheets (paid staff &amp; volunteer) signed by staff &amp; approved by supervisor? (Review timesheets to ensure signatures of staff and supervisor.)</li> <li>Comments:</li> </ul>   |          |           |        |
| Functional timesheets are not used for the EA or VW grant because those advocates wor   | k on a s | pecific ( | grant. |
| <ul> <li>9. <u>DUTIES OF FINANCIAL OFFICER AND BOOKKEEPER</u></li> <li>Are the duties of the financial officer and the bookkeeper separate to ensure no one person has complete authority over a financial transaction?         <ul> <li>Name of individual who approves purchases.</li> <li>Rod Gillespie - Program, Darlene Woo - Finance</li> <li>Name of individual who writes checks.</li> <li>Diane Hortan-Pong - Accountant Tech</li> <li>Name of individual(s) who signs checks.</li> <li>Marcia Salter - Auditor</li> </ul> </li> </ul>  | <b>✓</b> |           |        |
| Comments: For amounts greater than \$1,000.00 it goes through the Purchasing Agent  |          |           |        |

| SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Co  | ontinued   | )           |          |
|---|------------|-------------|----------|
| 10. SOURCE DOCUMENTATION-Fiscal [R. H. Section 11000]   | <u>YES</u> | NO          | N/A      |
| Does the project maintain a record-keeping system which accurately supports costs claimed on Report of Expenditure and Request for Funds (Cal EMA Form 2-201)?  | <b>V</b>   |             |          |
| <ul> <li>Does the project maintain an accurate inventory log of equipment<br/>purchased with grant funds?</li> </ul>  |            |             | <b>✓</b> |
| Comments:  Take all of of what VW costs to run and subtract out what they are claiming to another.  | source.    |             |          |
| 11. PROJECT EXPENDITURES  |            |             |          |
| <ul> <li>Is the project's expenditure rate commensurate with the elapsed<br/>period of the grant?</li> </ul>  | <b>V</b>   |             |          |
| <ul> <li>Are the project's expenditures being made in accordance with the<br/>terms of the Grant Award Agreement?</li> </ul>  | <b>✓</b>   |             |          |
| <ul> <li>Does the project need to submit a Grant Award Modification<br/>Request (Cal EMA Form 2-223)?</li> </ul>  |            | <b>✓</b>    |          |
| <ul> <li>Is the project up-to-date with the submission of Cal EMA Form 2-<br/>201?</li> </ul>   | <b>✓</b>   |             |          |
| There are two modifications in process, one for the RV and one for the VS grants. After approved Darlene will submit 201's for the EA, VW, RV, and VS grants together.  12. MATCH REQUIREMENTS  Does the project have a match requirement?  Is the project meeting the match requirement?  Review the supporting documentation to substantiate cash or in-kind match. | those mo   | v dificatio | Ins are  |
| Comments:  Nevada County received a waiver for the match on the EA grant and the the match on to VWA funds.  13. EEO POLICY   | he VW gra  | ant is pr   | ovided   |
| Go over EEO checklist. (Separate document)  Comments:   | <b>V</b>   |             |          |
|   |            |             |          |

| SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (C  | ontinued   | )         |          |
|--|------------|-----------|----------|
| GENERAL<br>14. <u>PROGRAM GOALS AND OBJECTIVES</u>   | <u>YES</u> | <u>NO</u> | N/A      |
| <ul> <li>Review the goals and objectives of the program and the<br/>programmatic requirements of the Grant Award Agreement. Is the<br/>project meeting the program's goals and objectives?</li> </ul>  | <b>V</b>   |           |          |
| <ul> <li>Does the project need to submit Cal EMA Form 2-223 to modify grant objectives?</li> </ul>   |            | 1         |          |
| Comments:  |            |           |          |
| 15. PROGRESS REPORT  |            |           |          |
| Discuss and review the programmatic Progress Report requirements.  | <b>/</b>   |           |          |
| Comments:  I have received the final VW Progress Report. The final EA Progress Report is due 10/   | 31/10.     |           |          |
| 16. SOURCE DOCUMENTATION-Programmatic  |            |           |          |
| <ul> <li>Is the project maintaining a record keeping and data collection process that which accurately supports the project's reported data on the Progress Report form?</li> <li>Review the project's file system and data collection process.</li> </ul> | <b>✓</b>   |           |          |
| Comments:  |            |           |          |
| Information is entered manually. Multiple services are currently unable to be counted. In using the DAMION System shortly.   | Nevada C   | ounty wi  | ll begir |
| 17. OPERATIONAL AGREEMENTS   |            |           |          |
| <ul> <li>Does the project have current Operational Agreements as required<br/>by the Grant Award Agreement?</li> </ul>   | <b>V</b>   |           |          |
| Comments:  |            |           |          |
| 18. PROJECT STAFF DUTIES   |            |           |          |
|  |            |           |          |
| <ul> <li>Interview project staff and discuss their duties and the relationship<br/>to the grant. Are employees performing duties as stated in the Grant<br/>Award Agreement?</li> </ul>  | <b>✓</b>   |           | Ш        |
| Comments:  |            |           |          |

| Checklist Items   | Yes                    | No          | Comments  |  |  |  |  |  |
|---|------------------------|-------------|---|--|--|--|--|--|
| SUPPLEMENTAL PROGRAMMATIC REVIEW EA09100290   |                        |             |   |  |  |  |  |  |
| 1. MANDATORY SERVICES   |                        |             |   |  |  |  |  |  |
| a. Crisis Intervention  | a. Crisis Intervention |             |   |  |  |  |  |  |
| (1) Provide in person/telephone contacts  | $\boxtimes$            |             |   |  |  |  |  |  |
| (2) Provide crisis intervention and arrange for needed services                               | $\boxtimes$            |             |   |  |  |  |  |  |
| b. Emergency Assistance   |                        |             |   |  |  |  |  |  |
| (1) Arrange emergency assistance within the first 24 hours after initial contact              | $\boxtimes$            |             | upon request, refer to agencies   |  |  |  |  |  |
| (2) Written procedures in place for disbursing funds  |                        | $\boxtimes$ | Do not have an emergency fund   |  |  |  |  |  |
| (3) OA(s) on file with service providers (i.e. shelters)                                      | $\boxtimes$            |             | ¥   |  |  |  |  |  |
| c. Resource and Referral Assistance   |                        |             |   |  |  |  |  |  |
| (1) Provide non-emergency referrals   |                        |             |   |  |  |  |  |  |
| (2) OA(s) on file with service providers  | $\boxtimes$            |             | Have a referral list of approx. 50 therapist, that can be matched to the needs of the victims |  |  |  |  |  |
| d. Direct Counseling  |                        |             |   |  |  |  |  |  |
| (1) Provide in person or telephone guidance and/or emotional support                          | $\boxtimes$            |             | No direct counseling  |  |  |  |  |  |
| (2) If counseling is provided, it is at a level that does not require a licensed professional |                        |             |   |  |  |  |  |  |
| (3) If counseling is referred, OA(s) on file with service providers                           | $\boxtimes$            |             |   |  |  |  |  |  |
| e. Victims of Crime Claims  |                        |             |   |  |  |  |  |  |
| (1) Assist clients in preparing applications for compensation                                 | $\boxtimes$            |             |   |  |  |  |  |  |
| (2) Advocate is aware their role does not include determination of eligibility                |                        |             |   |  |  |  |  |  |
| (3) Is a Joint Powers unit locally located  |                        | $\boxtimes$ | Placer County serves as the JP  |  |  |  |  |  |
| f. Property Return  |                        |             |   |  |  |  |  |  |
| (1) Assist in the return of property held as evidence   | $\boxtimes$            |             |   |  |  |  |  |  |
| (2) If property cannot be returned, an explanation is provided                                | $\boxtimes$            |             | 0   |  |  |  |  |  |
|   |                        |             |   |  |  |  |  |  |
|   |                        |             |   |  |  |  |  |  |

| Checklist Items   | Yes         | No | Comments   |  |  |  |  |
|---|-------------|----|--|--|--|--|--|
| SUPPLEMENTAL PROGRAMMATIC REVIEW (Continued)  |             |    |  |  |  |  |  |
| 1. MANDATORY SERVICES (Continued)   |             |    |  |  |  |  |  |
| g. Orientation to the Criminal Justice System   |             |    |  |  |  |  |  |
| (1) Provide information on the location, procedures, and functions of local criminal justice agencies | $\boxtimes$ |    |  |  |  |  |  |
| (2) Written material/brochures are available in languages appropriate to local ethnic needs           | $\boxtimes$ |    |  |  |  |  |  |
| h. Court Escort   |             |    |  |  |  |  |  |
| (1) Provide physical accompaniment during court appearances   |             |    |  |  |  |  |  |
| (2) Provide physical accompaniment during interviews with law enforcement and prosecution             | $\boxtimes$ |    |  |  |  |  |  |
| i. Presentations and Training for Criminal Justice Agencies   |             |    |  |  |  |  |  |
| (1) Conduct informational presentations regarding resources available through V/W Centers             | $\boxtimes$ |    |  |  |  |  |  |
| (2) Conduct informational presentations explaining the rights and needs of victims                    | $\boxtimes$ |    |  |  |  |  |  |
| j. Public Presentations and Publicity   |             |    |  |  |  |  |  |
| (1) Promote public awareness of V/W services through public media                                     | $\boxtimes$ |    | Radio, cable TV., newspaper, on transit buses      |  |  |  |  |
| (2) Conduct presentations to victim service organizations and community groups                        | $\boxtimes$ |    | Rotary Club, probation officers, at POST trainings |  |  |  |  |
| (3) Participate in Victims' Rights Week   | $\boxtimes$ |    |  |  |  |  |  |
| k. Case Status/Case Disposition   |             |    |  |  |  |  |  |
| (1) Advise victim of the progress and disposition of case   | $\boxtimes$ |    |  |  |  |  |  |
| (2) Assist victim with preparing Victim Impact Statements   | $\boxtimes$ |    |  |  |  |  |  |
| I. Notification of Family/Friends   |             |    |  |  |  |  |  |
| (1) Notify victim's relatives and/or friends of the occurrence of the crime                           | $\boxtimes$ |    |  |  |  |  |  |
| m. Employer Notification  |             |    |  |  |  |  |  |
| (1) Notify employer that client was a victim/witness to a crime                                       | $\boxtimes$ |    |  |  |  |  |  |
| (2) Encourage employer to minimize any loss of pay or other benefits                                  | $\boxtimes$ |    |  |  |  |  |  |

| Checklist Items  | Yes         | No | Comments   |  |  |  |  |
|--|-------------|----|--|--|--|--|--|
| SUPPLEMENTAL PROGRAMMATIC REVIEW (Continued)   |             |    |  |  |  |  |  |
| 1. MANDATORY SERVICES (Continued)  |             |    |  |  |  |  |  |
| n. Restitution   |             |    |  |  |  |  |  |
| (1) Assist in obtaining restitution  |             |    |  |  |  |  |  |
| (2) Provide the Probation Department, District Attorney, and Court with information relevant the victim's losses prior to the imposition of sentencing |             |    |  |  |  |  |  |
| 2. OPTIONAL SERVICES They are providing these services, but are not able to keep track at this time due to a data collection issue.                    |             |    |  |  |  |  |  |
| (1) Employer Intervention  | $\boxtimes$ |    |  |  |  |  |  |
| (2) Creditor Intervention  | $\boxtimes$ |    |  |  |  |  |  |
| (3) Child Care Assistance  | $\boxtimes$ |    | Arrangements with day care providers                                 |  |  |  |  |
| (4) Witness Notification   | $\boxtimes$ |    | Usually DA does this   |  |  |  |  |
| (5) Funeral Arrangements   | $\boxtimes$ |    |  |  |  |  |  |
| (6) Crime Prevention Information   | $\boxtimes$ |    |  |  |  |  |  |
| (7) Witness Protection   | $\boxtimes$ |    | Advocating for criminal protective orders, refer to women's programs |  |  |  |  |
| (8)Temporary Restraining Order (TRO) Assistance  | $\boxtimes$ |    |  |  |  |  |  |
| (9)Transportation Assistance   | $\boxtimes$ |    | More for elderly or disabled   |  |  |  |  |
| (10) Court Waiting Area  | $\boxtimes$ |    | Two areas  |  |  |  |  |
| 3. AGENCY ORGANIZATION   |             |    |  |  |  |  |  |
| a. Facility  |             |    |  |  |  |  |  |
| (1) V/W Center is open during normal business hours  | $\boxtimes$ |    |  |  |  |  |  |
| (2) Waiting Room   | $\boxtimes$ |    | Two areas  |  |  |  |  |
| (3) Private Interview Room   | $\boxtimes$ |    |  |  |  |  |  |
| b. Personnel & Organization  |             |    |  |  |  |  |  |
| (1) Reporting lines of Authority are consistent with the Project Contact Information form  | $\boxtimes$ |    |  |  |  |  |  |
| (2) Authorization for additional signature authority is current  | $\boxtimes$ |    |  |  |  |  |  |
| (3) Evidence of completion of 40 hour Entry-Level Training   |             |    | Loletta went to advanced, Rod's burned in fire                       |  |  |  |  |

| SUPPLEMENTAL PROGRAMMATIC REVIEW (Continued)   |             |       |   |  |  |  |
|--|-------------|-------|---|--|--|--|
| b. Personnel & Organization (Continued)  |             |       |   |  |  |  |
| (4) Evidence of completion of Advance Training, if applicable  |             |       |   |  |  |  |
| (5) Evidence of completion of Coordinator's Training, if applicable  |             |       | Rod's burned in fire  |  |  |  |
| (6) Volunteers utilized as required  |             |       | Had a couple, don't have any right now. Most do not stay very long and the background checks are costly |  |  |  |
| Objective #1 - Mandatory Services (see page 1 of c   | heck        | list) |   |  |  |  |
| Objective #2   |             |       |   |  |  |  |
| During the grant year, increase the number of identified elder abuse victims as measured by the number of new victims and new cases.   |             |       |   |  |  |  |
| Objective #3   |             |       |   |  |  |  |
| During the grant year, conduct awareness training sessions for direct service providers of elder abuse.  | $\boxtimes$ |       |   |  |  |  |
| Objective #4   |             |       |   |  |  |  |
| During the grant year, conduct presentations to potential elder victims to enhance victim awareness.   | $\boxtimes$ |       |   |  |  |  |
| Objective #5   |             |       |   |  |  |  |
| During the grant year, provide referrals to agencies serving elder abuse victims.  | $\boxtimes$ |       |   |  |  |  |
| Objective #6   |             |       |   |  |  |  |
| During the grant year, conduct a minimum of 12 local meetings of the operational participants in the (original) RFP.   | $\boxtimes$ |       | In the process of.  |  |  |  |
| Additional Comments / Notes: The victim advocates under the Elder Abuse Grant provide a lot of case status, field resource calls asking for information on where a victim can go and what a victim should do. Many referrals are made to Adult Protective Services. Advocates make home visits and assist the victim and law enforcement with preparing police reports. Advocates provide a lot of outreach. There are senior health fairs. Advocates present to bank tellers, to drivers who deliver meals. Educate them on signs to look for. Presentations are provided in Truckee as well. Presentation are made to the Rotary Club, Lions Club, to service providers, law enforcement, crisis line workers, Child Protective Services, bus drivers for Gold Country, to Real Estate groups. Without advocate intervention some cases would have been overlooked and the advocates push to |             |       |   |  |  |  |

get services for the victims.